



FOOT AND ANKLE
SPECIALISTS

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RESTRICTION REQUEST FORM

For Use and Disclosure of Patient Health Information

In completing this form, you are requesting that the following restrictions be considered as limitations to the use and disclosure of your protected health information. If we grant your request, we are bound by the terms of the agreement. You will be notified in writing of Weil Foot and Ankle Institutes decision to accept or deny your restriction request. Until a decision is reached, your request for restriction will not be honored.

Requested Restrictions (please provide specific details and dates):

Print Patient Name:

**Signature of Patient or
Authorized Representative:**

Date:

Relationship to Patient:

For Practice Use Only:

Practice: Accepts Denies

Privacy Officer Signature:

Date:
